

234643

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

REQUEST FOR Reinstatement of Class C Charter  
Certificate

Shuttle Etc., LLC

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BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 73 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)  
Submitted by: Sandra Wilder Telephone: 843-330-8763

Address: 303 E. 1104 Dr. Fax:

Lakeland, SC 29456

Other: Home: 843-832-8888

Email: Sandra.ShuttleetcLLC.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Other: _____                                  |

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CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

## CLASS C REINSTATEMENT FORM

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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ORS  
T,T,W,W/W(\*) DATE: 1-12-12

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☒ Charter Certificate Number 7951
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_
- ☐ Stretcher Van Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on October 13, 2011 because I requested it to be cancelled  
 (DATE)

(\*) I am seeking reinstatement because Need to get my LS Charter  
Certificate : Need to money

SHUTTLE ETC., LLC

(Name of Company)

DBA

N/A

(if applicable)

(\*) 303 E 11104 Dr.  
 (Street Address)

(\*) NO  
 (Mailing Address if different from Street Address)

(\*) Ladson, S.C. 29456  
 (City, State, Zip Code)

(\*) Sandra Widen  
 (Signature)

(\*) 843-330-8763  
 (Telephone Number)

(\*) OWNER  
 (Title) Owner, President, etc.

ORS Revised 2-22-10